

NOXIOUS WEED AND INVASIVE PLANT SPECIES ASSISTANCE FUND



APPLICATION COVER SHEET

1. **Project Sponsor:**
2. **Project Name:**
3. County(s) where project is located:
4. Nearest town:
5. Total amount requested:
6. Years of funding requested (select one): 1 2 3
- Contact Person:**
7. Name:
8. Title:
9. Organization:
10. Address/city/state/zip:
11. Daytime phone:
12. Alternate phone:
13. Please indicate which category best describes the applicant:
Selections are: ☐ County weed control authority ☐ Weed management area
 ☐ Other (list organization): _____
14. Will this project receive federal funds or require a federal review or permit? ☐ YES ☐ NO
If yes, identify the agency(s) and its role:
15. Will this project receive other State of Nebraska funds? ☐ YES ☐ NO
If yes, identify the agency(s) and its role:
16. In **300 words or less** provide an overview of the project for which you seek funding. If you are asking the Nebraska Department of Agriculture to fund only a portion of the project, indicate the components for which you seek funding.

17. On behalf of the sponsor(s) named above, I hereby certify that the information contained in this application, including all attachments, is true, accurate, and complete.

Authorized Signature of Sponsor Organization

Title

Date

Typed or Printed Name of Authorized Signatory

Typed or Printed Title

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NARRATIVE SECTION

1. **Project Sponsor:**
2. **Project Name:**

In two pages or less, provide a discussion of your project. Be sure to cover the points specified in the instructions.

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APPLICATION BUDGET SUMMARY

1. Project Sponsor:
2. Project Name:

BUDGET YEAR: SUMMARY/1 YEAR ONLY

Column A	Column B	Column C	Column D	Column E	Column F
1. Source of Funds ▶	Nebraska Department of Agriculture				TOTALS ▼
2. Budget Category ▼					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16. TOTALS ▶					

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APPLICATION BUDGET YEAR ONE

1. Project Sponsor:
2. Project Name:

BUDGET YEAR: ONE

(This page is used by multi-year grants only. If your project is not a multi-year grant, then ignore or delete this page.)

Column A	Column B	Column C	Column D	Column E	Column F
1. Source of Funds ►	Nebraska Department of Agriculture				TOTALS ▼
2. Budget Category ▼					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16. TOTALS ►					

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APPLICATION BUDGET YEAR TWO

1. Project Sponsor:

2. Project Name:

BUDGET YEAR: TWO

(This page is used by multi-year grants only. If your project is not a multi-year grant, then ignore or delete this page.)

Column A	Column B	Column C	Column D	Column E	Column F
1. Source of Funds ►	Nebraska Department of Agriculture				TOTALS ▼
2. Budget Category ▼					
3.					
4.					
5.					
6.					
7.					
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9.					
10.					
11.					
12.					
13.					
14.					
15.					
16. TOTALS ►					

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APPLICATION BUDGET YEAR THREE

1. Project Sponsor:

2. Project Name:

BUDGET YEAR: THREE

(This page is used by multi-year grants only. If your project is not a multi-year grant, then ignore or delete this page.)

Column A	Column B	Column C	Column D	Column E	Column F
1. Source of Funds ►	Nebraska Department of Agriculture				TOTALS ▼
2. Budget Category ▼					
3.					
4.					
5.					
6.					
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12.					
13.					
14.					
15.					
16. TOTALS ►					

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APPLICATION BUDGET JUSTIFICATION

1. **Project Sponsor:**

2. **Project Name:**

1. Have other sources of funding not listed in the Budget Worksheet been approached for project support? If yes, name them and explain the outcome of your request.
2. Are all of the matching funds in the Budget Worksheet confirmed? If not, please identify those entities, and list the date when confirmation is expected. Explain how you will implement the project if these sources do not confirm participation.
3. For each line item in column A of the Budget Worksheet, justify the basis for the dollar amount indicated for that item.

CATEGORY/COMPONENT (from Column A of the Budget Worksheet)	BASIS USED TO DETERMINE COST	Attachment? Y or N	ATTACHMENT LABEL
1.			
2.			
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15.			

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TIMELINE

1. **Project Sponsor:**
2. **Project Name:**

See instructions for section D.

Month/Year	Task Description

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PARTNERS

1. **Project Sponsor:**
2. **Project Name:**

Please see the instructions for filling out section E. Letters of confirmation should be included with your hard copy submission.

Partner	Contribution

2005 Grant Application.doc